



# City of Westminster Recreation & Parks Registration Form



Name of Parent or Adult Registrant \_\_\_\_\_

- ☐ Male  
☐ Female

Name of Child Registrant \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age/Grade \_\_\_\_\_

Home Address: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

**Parent and Child events are for couples only. No Exceptions! Tickets will be checked at the door.**

- |   |                           |                            |                    |                 |
|---|---------------------------|----------------------------|--------------------|-----------------|
| 1 | Mother/Son Date 5/12      | Tickets are non refundable | Qty. ____ X \$60 = |                 |
| 2 | Daddy/Daughter Date 5/19  | Tickets are non refundable | Qty. ____ X \$60 = | \$ Fee Enclosed |
| 3 | Mother/Son Date 10/6      | Tickets are non refundable | Qty. ____ X \$60 = | \$ Fee Enclosed |
| 4 | Daddy/Daughter Date 10/13 | Tickets are non refundable | Qty. ____ X \$60 = | \$ Fee Enclosed |
|   |                           |                            |                    | \$ Fee Enclosed |

**TICKETS ARE NON-REFUNDABLE**



Song Request for date nights \_\_\_\_\_

**Photographic release:** I permit the Recreation & Parks Department to use and publish photographs of me and/or my children for purposes of presenting recreation activities to the community. I also give my permission to release such photographs to the news media in support of the program. \_\_\_\_\_ (Please initial)

The undersigned parent/Legal guardian of \_\_\_\_\_ (child's name) represents that he/she knows of no physical or mental illness or abnormality which would prohibit the child from safely participating in the City of Westminster Recreation Programs.

Formal wear or theme dress is appropriate. Come as you please. There is a \$10.00 additional charge to order an adult meal for children. The City of Westminster will charge a \$50.00 fee on any returned check received. All tickets are non-refundable.

I agree to abide by all Rules and Regulations of the Westminster City Recreation & Parks Department and the Westminster Family Center. On behalf of myself and my child, I agree to hold the Westminster City, its agents, servants, or employees harmless from any and all claims or liability arising from the conduct of any related activities. The undersigned further acknowledges and agrees that the City of Westminster shall not be liable for any acts, omissions, or negligence of the leaders (or any of their agents, servants or employees) or other participants in the program. I hereby consent to my child's (children's) participation in this (these) programs.

\_\_\_\_\_  
Parent/ Legal Guardian Signature/Date

**Make checks payable to: The City of Westminster, 11 Longwell Avenue, Westminster, MD 21157**

For more information: 410-857-9072 or 410-848-9161 Fax: 410-848-8310 [www.westminstermd.gov](http://www.westminstermd.gov)

**Method of Payment: Payment is due with registration to secure registration.**

(Please circle) Cash ☐ Check# \_\_\_\_\_ VISA/MasterCard/Discover Accepted.

Visa/ MasterCard # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Number (VIN) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_